

ON  
HOSPITALS  
AND  
MEDICAL EDUCATION,  
BEING THE  
INAUGURAL ADDRESS

DELIVERED AT THE

FIFTEENTH ANNUAL MEETING

OF THE

BIRMINGHAM & MIDLAND COUNTIES' BRANCH

OF THE

BRITISH MEDICAL ASSOCIATION,

HELD JUNE 17TH, 1870,

BY

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THE AUTHOR.

## A D D R E S S .

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GENTLEMEN,

There are times and seasons in every man's history,—more numerous, perhaps, in some than others,—which the mind anticipates with pleasure, enjoys when present, and can recall to the memory in the future, with pride and gratification. They are like oases in the desert, ever green and refreshing. This occasion is one of mine; a day ever to be marked with a red letter in my calendar. By your kind suffrages, I have the honour of occupying the presidential chair of this important branch of our great association, and the pleasure of bidding you a hearty welcome on this, our fifteenth anniversary.

The British Medical Association, founded by Sir Charles Hastings, in 1832, is, I believe, the most numerous and influential association of members of the medical profession that does now exist or has ever existed in this or any other country. It has exercised a most beneficial influence in raising the medical profession in a moral, a social, and a scientific point of view. The deliberations of its representatives in council are regarded with earnestness and interest, and are of the greatest importance in maintaining the position, enhancing the dignity, and—to some extent—framing the destinies of our whole profession. Our journal is the medium of communication with every member of the association; recording the hard-earned experience of some, diffusing the laborious scientific researches of others, and, by the careful arrangement of its able editor, enabling every member who chooses to avail himself of the privilege, to become *au courant* as to the present position and prospects of our profession.

The Birmingham and Midland Counties' Branch is, I believe, with one exception (the Metropolitan), the most numerous of all the branches, and although second in point of numbers, we shall not, I trust, be compelled to yield the palm to any in importance, or in our determination, both individually and collectively, to contribute our full share of scientific information, and to endeavour, on every available opportunity, to elevate our professional and social status.

It was with mingled feelings of pride and diffidence that I accepted the honourable position in which you have placed me; gratified pride, in being pronounced by you worthy of such a position; and diffidence, from knowing the great merits of those who have preceded me—gentlemen of eminence in the profession, who have done honour to the presidential

chair, enhanced the reputation of our association, and before whose lustre any efforts of mine must be dimmed into shadow. But let me assure you that although the power may be wanting, the will shall not be ; and it is my earnest hope that the ensuing session of our branch will bear a favourable comparison with any which have preceded it ; and knowing that we have in the midst of us not a few men of the highest scientific attainments, with ardent love for their profession, and full determination to promote, to the utmost of their ability, its interests ; it requires no spirit of divination to prophecy that although we have done well hitherto, we shall do better still, not being content with merely keeping pace, but ever being in advance.

Gentlemen, this is our annual festival ; we are met together to-day, in the first place, to transact business necessary for our organization, and afterwards shall adjourn for social enjoyment. Perhaps there may be some present who have not been with us since we were last assembled on a similar occasion, let me take this opportunity of especially inviting their attendance at our meetings when in session ; and although, knowing well that to many, particularly country members perhaps living at some distance, it seems almost like an act of larceny to steal away time from arduous professional duties ; yet, to balance that objection, the advantages are great in every way. A very able philosopher\* once said, that "Man is a gregarious animal in a moral, as well as a physical point of view, and addicted to routine, because it is easier to follow the example of others, than to reason, and judge for ourselves." How true this is ! but at the same time, is it fair to ourselves, or to others, thus to give way to this habit of routine, to go jog-trotting on in the same groove from day to day, and year to year ? Is it not more honourable, and more profitable too, for us to consider ourselves as belonging to a great community, and that whatever light we possess is not to be selfishly *hidden*, but diffused around for the benefit of others, at the same time receiving an increase of brilliancy from what is acquired by association with our compeers ? By attending our meetings, we not only, as a natural sequence, add to our stock of scientific and practical information—which is of the greatest moment—but there are also many subsidiary advantages. By frequent intercourse with our brethren, some of our rough angles are smoothed down,—we lose a little of our self-conceit ; and the general tendency is to increase harmony, to elevate the general status, and to foster the cultivation of those higher sentiments, to whose inspiration we, either as individuals, or as members of a noble and honourable profession, should ever trust for guidance.

It is, I believe, customary for your president, in his annual address, to give a general retrospect of the work of the past session ; but to those who were present at our meetings, the report of our talented secretary gives all that is required, and to those who were absent, it seems to me that a mere resumé could scarcely be profitable. I propose, therefore, on this occasion, somewhat to extend the horizon, and include in review a few subjects of special interest to the profession at the present crisis, and more particularly those bearing upon our relations with society

\* Dugald Stewart, "Philosophy of the Human Mind."



generally. The glance must necessarily be a transient one, at some of the most salient points, as time will not permit me to enter into detail. Nature has not gifted me with any "*cacoethes scribendi*," and if, by the curtness of my observations, I should transgress the bounds of fair criticism, I trust you will pardon me, and attribute it to the license of the occasion, which gives me the privilege of speaking "*ex cathedra*."

The first subject which I will bring before your notice is that of medical education. This claims priority of place at the present time, both from its importance to ourselves,—which cannot be too highly estimated,—but also, more particularly in looking at it prospectively, as influencing the welfare of those who will follow in our footsteps, and regulating their position in the social scale. Sir Win. Temple gives our profession the credit of being "the largest class of educated men in the kingdom." This is an honourable distinction, and one we should use every endeavour to maintain.

To trace the history of medical education, from the time when the alumni of a long past age sat at the feet of the great physician of Cos, to the present date, would be interesting, as giving the history of the profession itself, but would be foreign to our purpose, as we propose to consider it only so far as we can profit by it,—our chief concern being with the present and future.

There is one point in connection with this subject, on which there can, I presume, be no difference of opinion, and that is the necessity of a good, sound, general education, before commencing the professional curriculum,—a fair familiarity with natural science, as a basis to enable the student to embrace, with greater facility, the more advanced sciences he will be called on to study.

It is a remarkable peculiarity of this great nation, that although renowned throughout the world for its business-like habits, yet on some points, those too of an essentially practical nature, we are more irregular than any other civilized nation. Look, for instance, at our thermometer. Why should we use a scale differing from all others? Our relative admeasurements of capacity and weight are not only most arbitrary, but differ in almost every county, and our coinage is a relic of a barbarous age.

The regulations of our numerous examining boards, although each requiring some proof of preliminary education, yet all seem to be affected by the natural failing, and differ widely as to the amount of education required, and the proper tests of efficiency. This is very unsatisfactory. It should be the desire, and is manifestly the duty, of every corporate body entrusted with the privilege of admitting members into the profession, to have satisfactory proof that such members—as far as education can fulfil its purpose—shall be able to take and hold their places in the ranks of educated men and gentlemen. Let the minimum standard be fixed at such a point that none without brains and perseverance can accomplish; and if the result should be the weeding out of some of the aspirants for professional honours, let such turn their attention to some other calling, so that what we lose in numbers we may gain in proficiency. Such a desideratum cannot be obtained

under the present regime ; and it seems to me most desirable that in our anticipated code of reforms this point should be brought more potnintently forward, and insisted on.

Advancing another stage in our enquiry, we arrive at the commencement of professional education proper ; and here we meet with some diversity of opinion. Under the old system, a lengthened apprenticeship to some legally qualified practitioner was required, before a license to practise could be obtained. As the governors of our profession became more enlightened, or at any rate, saw matters in a new light, this step was pronounced to be unnecessary, and what was considered a degrading ordeal was scouted and abolished. The result was as usual,—a rebound from one extreme to the other ; so that boys are now sent, immediately on leaving school, to, what is aptly termed *walk*, the hospitals and attend lectures. This is, in my opinion, a great mistake. Far be it from my wish to see established again the seven years' apprenticeship, with its attendant drudgery ; but on no point am I more convinced than this,—that a short term of pupilage in the house of a general practitioner, in extensive practice, is the best commencement of a professional course of study ; and that a student who has had that advantage is much better qualified to receive and profit by the instruction which is afforded him at lectures and hospital practice. Putting out of our calculation for a moment the few who, under whatever adverse circumstances, are destined by nature to take a prominent position, and rise to fame and reputation, is there not a large majority—and we are all familiar with them—who sit through as many lecture hours as the schedule obliges them, who walk in throngs behind some favorite physician and surgeon through the wards of their adopted hospital, grind up for their examination, and come out fully fledged, without the smallest modicum of practical familiarity with the most ordinary duties of their calling ; and who, when placed at the bedside, cannot inspire confidence in their patients, inasmuch as they have none in themselves ? Has it not occurred to most of us, as the result of experience, that there are gentlemen who have taken the highest honours at the universities, and whose theses on various subjects are admirable expositions of the most approved opinions, who yet are unable to apply the results of their laborious research for the benefit of their suffering fellow creatures ; and who, if called on to perform some small operation, have not nerve to do it. The position of such men is often a painful one, and they have my deepest sympathy. The fault is not their own, but rests on those who have had the direction of their education. There is also a marked difference between hospital and private practice, both as to the class of patients treated and the diseases for which advice is sought. I have known a most diligent student—for a long time clinical clerk at one of our largest hospitals—who, during his whole curriculum, did not see a single case of measles. The pupil of a general practitioner, in the first place, becomes familiarized with the business routine ; learns, practically, the properties and doses of drugs ; gains confidence at the bedside ; has an opportunity given him of performing various operations, under the immediate guidance of his

principal ; is taught the use of instruments by being allowed to handle them himself, and not merely by looking on at a respectful distance, on field days, in the operating theatre.

Mr. Headlam, in writing on this stage of education, in the *Lancet*, says : "An initiation into the routine of such practice will prepare him for a more careful study of his art. In fine, I am of opinion, that in his case it is a safer method to work back from particulars to generalizations, than to proceed in the converse way. I will take as my model that old system of apprenticeship which, but a short time ago, was insisted on by one of the many examining boards in London. Students of the present day cannot do better than follow out such a plan. Every teacher in a medical school cannot have failed to perceive the immense advantage which is possessed by the pupils who have been trained in such a school ; the benefit which a man derives from knowing what an *habitué* of his art would do in this case, or that ; and the more perfect insight which this affords him into the principles of medicine and surgery which, without this experience, would be groundless, and destitute of meaning. The country practitioner, the surgeon apothecary, or, by whatever name our examining boards may please to dub him, the man who exercises all branches of his art ; the man of wide experience, and abundant in daily instances of emergency ; the man who—whatever our town-bred physicians may think of him—comes nearer than any other we can think of to the ideal *iatros* ; seems of all men the best fitted to prepare the aspirant for the more elaborate teaching which he is expecting in a school of medicine. I hold an apprenticeship to such a man—an assistantship, perhaps—which shall make the student familiar with the qualities of common drugs, and the method of compounding them ; with the more familiar aspects of disease, and the simple mode of treating it ; the very best introduction to the more elaborate studies which await him. The fashioning of the mind of this apprentice may be likened to that rough hewing of the block of marble which is destined for a finished statue, in the sculptor's studio ; we see in it the shaping out of what is to come, but we have not yet the finished perfection of the work of the carver."

A report has been issued by the Board of Examiners of the College of Surgeons, and approved by the Council, which expresses a very similar opinion. The report states that the board had arrived at the conclusion that the education of the candidates for the diploma ought to be taught practically, and that since the almost entire cessation of the apprenticeship system students, for the most part, came to the schools unacquainted with any branch of medical knowledge. They complain that too much reliance is placed on lectures, and too little on practical instruction. They suggest that the instruction should be more in practical details, such as the manipulations necessary in order to detect the effects of diseases and accidents ; the performance of operations on the dead body ; the use of surgical appliances ; and also the examination and management of patients, under the direction of a teacher.



The tendency of medical education has, for some time past, been too decidedly theoretical, and its teachers—with a laudable desire to inculcate scientific knowledge and promote scientific research—have erred in this point of view. According to the present state of our knowledge, it is impossible to apply the rules of inductive reasoning to medicine; and, therefore, it cannot claim to be ranked as an exact science. When an ascertained law is absolute, and the other conditions known, the result of its applications may be calculated with certainty. But the material elements with which we have to deal are so diversified, that the results of any process cannot be predicted; and besides which, there is another element so subtle and ethereal that it obeys no laws.

Sir Wm. Jenner, in his admirable address last year, at Leeds, classifies the “Aims and Objects of Medicine” to be: “To prevent disease—to cure disease—to prolong life—and to alleviate physical suffering.” In the study of the *science* of medicine, we should not ignore the healing *art*. Is not the converse of this apparent in some of our principal works on medicine? How often do we find the history, symptoms, and pathological condition of a disease elaborately and carefully detailed, but the treatment dismissed with a few lines.

Dr. Sieveking in his pamphlet on hospital reform alludes to the result of a too theoretical education, and says, “I believe the present system is fraught with much scepticism on the one side, or callous audacity on the other; those who do not adopt either of these extremes, go through an amount of mental suffering during their initiation into independent thought and practice, from which I wish to save them.” The remedy he proposes is the utilization of the out-patient department of our hospitals.

There is also another point of too great importance to be overlooked, and that is the moral training. To take a boy direct from school, where he has been under control, and subject to wholesome discipline, and at once release him from all authority, and entrust him with a latch-key is an error. The elasticity of youth quickly returns to the other extreme,—a freedom from restraint, becomes a leave of license,—a natural love of pleasure leads him into bad society during the hours he is not attending lectures or hospital,—he is exposed to many temptations, and the experience of each of us can call to mind sad instances of bright hopes ruined, and fair promises run wild in dissipation, and riot. On the other hand, when a boy becomes an inmate for a time of a well ordered and regulated household where without thralldom he is still subject to authority, the transition is more gradual, and the influence of habits there acquired, and of moral training, gives him that stability which enables him to resist temptation when exposed to it.

Advancing still further in the educational course, the time comes for the student to attend lectures and hospital practice. Of the propriety of requiring attendance on so many prolonged courses of lectures, there is much difference of opinion: It is undoubtedly an attempt at compulsory education; but if the attendance is compulsory, the amount of instruction received is either doubtful, or at least optional.



We may compel a horse to go to the water, but we cannot compel him to drink. If we can insure the requisite amount of information on the part of the lecturers, combined with (what is a natural gift and cannot be acquired) a facility of imparting instruction to others; and, at the same time, the requisite attention on the part of the student; attendance on lectures would be most profitable, and of the highest importance; but if either of these requisites be wanting, I think we must admit, that the time could be much better spent. As a learned writer\* on the subject says: "no method of learning can be more useful, or agreeable, than the impassioned discourse of one thoroughly accustomed to teaching, and who, an entire master of his subject, can yet render his meaning intelligible to the least informed of his audience." Dr. Johnson used to say: "he could see no use in lectures, unless there was something to be demonstrated." This observation of the great Doctor is in his usual style, curt and pithy, but pregnant with meaning. A lecture however eloquent, but without illustration, may easily escape from the memory; but when the lecturer calls to his aid diagrams, models, experiments, microscopical and other preparations, an impression is made on the mind not easily to be forgotten. Arnott says of Sir Chas. Bell as a lecturer, "dull indeed must have been the student, who could have slumbered while Sir Chas. Bell was in the professor's chair. In his hands dry bones lived again, imagination investing them with the textures which had once clothed them. A muscle was no longer a mere bundle of fibres, arising here, inserted there; it was a guide in some important operation to the surgeon's knife; or kindled with hidden fire, betrayed, by the anatomy of its expression, the emotions that lurked within; and the flaccid artery on the table spouted forth its crimson stream, and demanded the arresting hand of the skilful surgeon, or threatened death as the alternative."

There is one point in connection with this subject which has always appeared to me somewhat singular and anomalous. Most of the examining boards require two courses of lectures on the same subject. For instance, the necessary curriculum for the College of Surgeons embraces two courses of Anatomy, Physiology, and Surgery. Would it not be more advantageous if these two courses were divided, or rather that one course should extend over two years. It is little better than waste of time for a second year's student to have to listen to a repetition of the same lectures, on the same subjects, and on their first principles, with which it is fair to presume he has already made himself familiar, I remember well as a student seeing the same notes, yellow with age, turned over, and being able to predict what we should have on the morrow; and, especially, where one particularly racy anecdote was forthcoming, on which occasion we all attended, prepared to applaud vociferously; for the professor was popular, although the story was stale. It may be argued as an objection to the proposed amendment that it would impose a tax on the lecturer, but such it need not be, as the proposition is not that he should give two entire courses each session, but divide the course into two series, which could be given

\* Dr. Mapother.

on alternate days, one for the first year's student, the other for the second.

Of the great importance and utility of systematic courses of clinical lectures, there can I presume be no second opinion. The lecturer has the opportunity of bringing before the student living illustrations, of pointing out the different phenomena of their diseases, and tracing out the successive phases from their commencement, and the relative proportion of importance which one bears to the other; also the results of the treatment adopted, and the rationale of the treatment. The instruction given cannot be too practical.

Diligent and regular attendance on hospital practice should be imperative. By that I do not mean the mere walking through the wards with a *posse* of other students, which is equivalent to the dinner-eating said to be required by one of the other learned professions. It would be well if every student were required to fill the office of clinical clerk as part of his curriculum; but if that, from the large number of students attached to any hospital, were found impracticable, he should at least be required to produce periodical reports of a certain number of cases. The popularity of a physician or surgeon is rather a bar to progress in this direction than otherwise, as out of a large number of students in attendance, but comparatively few can be sufficiently near the bedside to profit much by the physical examination of the patient, and it is manifestly unfair to require any patient to submit to a series of such examinations. For this reason, as well as others to be presently mentioned, the reduction of the size of our hospitals, and their increase in number, would be very advantageous.

There is another branch of medical education which has not yet obtained its proper place, but the importance of which is daily becoming more fully recognized; I mean what is called "State Medicine." Under this head is included something more than public hygiene. Dr. Farr in his address on state medicine at Leeds, remarks: "Public Medicine is now on its trial; it is scarcely out of its martyr stage. But as it becomes appreciated, it will open a great career to the young physician." Hence the importance to the student of having an early acquaintance with its first principles; and we trust ere long to see no school where medicine is taught, without a regularly appointed professor; and no curriculum complete, without satisfactory evidence that this subject holds as high a place as any other in connection with medicine. The re-appointment of a royal commission last year is undeniable proof that our Government is fully alive to its advantages, and requirements, and when we find such men as Dr. Acland, Dr. Paget, Prof. Christison, and Dr. Stokes enrolled amongst its members, we may feel assured that the work will be well done, and the interests of our profession fairly represented. Our Association keeps well in advance and it is gratifying to see the prominence accorded to this section at our public meetings. Already we are beginning to see some fruits, and an earnest of further progress, in the appointment of Dr. Corfield as Professor of Hygiene, in University College, Dr. Parkes at Netley, and Dr. Cameron at the Irish College of Surgeons. Let us hope that ere long a Minister of Health

will be called into existence, for as Dr. Farr remarks, "sanitary administration can never be perfect without one supreme head."

I cannot better conclude the subject of medical education than in the eloquent words of Dr. Graves, "The British teacher of medicine exercises an influence without parallel in importance and extent, and his opportunities of benefiting or injuring his fellow men are incalculably great. If he neglect his duty, if he teach erroneously, his negligence and his errors in practice are multiplied indefinitely, by means of those whom he ought to have better instructed; the scene of his guilt, for it bears no better name, becomes fearfully enlarged, for there is no country so remote that it may not contribute victims to the incapacity of his pupils. But on the contrary, if he works with zeal and diligence, if he labours conscientiously and pre severingly in performing the important task he has undertaken, a compensation awaits him, to which a member of scarcely any other profession can attain. The hero and the despot may extend a sovereignty over distant regions, may exert an unlimited control over millions of vassals; they may, like Alexander, grieve at the narrow limits of a conquered world, and sigh for other scenes of glory. But they cannot chase away pain; they cannot bid the burning thirst to cease; or give back repose to the sleepless; they cannot impart feeling, or motion to the paralyzed; or sight to the blind; and above all, they cannot imitate that almost God-like function of the healing art, by which man is enabled to recall to his fellow-man reason long banished, and restore to society the hapless victim of insanity."

Few subjects have occupied the attention of the profession during the past year more than that of Hospitals. It has been evident to ourselves for some time that on several points there is room for improvement, and that investigation is necessary. The eyes of the public are also opening to the fact that their present condition is not altogether satisfactory, and that the great Hospital system, which they have been accustomed to look on with so much pride and pleasure, is by no means faultless. The time at disposal will not allow me to deal with this subject as its importance deserves, and I shall therefore merely note a few of what appear the leading defects. Lying-in-Hospitals need not occupy our attention. They are doomed. It is a fact that they still exist, and it is equally a fact that the mortality of parturient women delivered in these institutions is in proportion to the number collected together therein. Let us be grateful that this town no longer contributes its quota of victims.

In the first place we will consider the construction of Hospitals.

An able paper was read by Captain Galton on this subject at our meeting at Leeds last year. After remarking that "The first object of a Hospital was that it should enable the sick to recover in the shortest time possible" he proceeds to say, that "in addition to skilled attendance, medicine, and food, there were other essential requirements—pure air—pure water—light—and perfect cleanliness." That these four are essential I presume none are prepared to dispute, and yet we



are painfully aware of the fact that in some of our Institutions, and these not ancient of days, but recently erected, these first elementary principles have either been set at naught, or the arrangements for promoting them have been misapplied. But guided by the light thrown on this subject by statistics, we ascertain that there are other points of importance, with some of which we are quite conversant, while there are others, on which the present state of our knowledge has not satisfactorily enlightened us. It is a fact, however unwilling we may be to admit it; however much we may try to disguise it; that the rate of mortality of patients treated in hospitals, whether surgical or medical, is far in excess of that amongst the same class of patients treated at their homes, however poor they may be; and this in spite of the skilled attention, good nursing, and other favourable appliances. I am aware that this point has been disputed, but no unprejudiced person can have read the controversy on this important subject without coming to the conclusion that in this respect a very formidable case against hospitals generally is clearly proved. How far this can be attributed to faulty construction, is still *sub judice*; but it will be probably found to have to bear a large proportion of the onus. During last autumn I visited one of our largest and most modern hospitals at Netley, a magnificent structure, built regardless of cost, and furnished with every modern appliance both for the convenience and comfort of the patient, and the proper administration of remedies; yet with one defect so glaring and apparent as to lead even the uninitiated to ask in astonishment—How could the architect have devised such a plan, or the authorities have sanctioned it? One corridor is a third of a mile in length, and into this the doors and windows of the respective wards open. This is fronting the sea, and very pleasant in fine weather with the windows open, making a delightful promenade for the convalescents; but in winter, and even in summer during rough weather, with closed windows it is a perfect tunnel, very good for the conveyance of sound, unwholesome from the conveyance of effluvia, and fearfully adapted for the dissemination of those fatal emanations, which, call them by whatever name you please, swell the mortality tables of our great palatial institutions, and spread disease and death wherever they are allowed to enter.

In addressing such an assembly as the one now before me, however strong my own convictions on the subject of hospitalism may be, I need say but little. The great Simpson *v.* Coote controversy has so familiarized us with it in its terrible details. The late Sir Jas. Simpson with that wonderful zeal and care which distinguished every effort of that great genius, collected his statistics from our large hospitals, and also from home practice in all parts of the country. Mr. Coote entered the arena first in defence of hospitals generally, but finding that position untenable, confined himself to his own, (St. Bartholomew's,) hospital, and to the credit of that great surgeon be it said, that on his own ground, with a very honest and humane desire to hold his position, he felt himself obliged to admit that the overwhelming evidence of his an-



tagonist was unanswerable. The subject, as you will remember, is the relative mortality after surgical operations in hospital, and home practice.

In table No. 2 of Sir Jas. Simpson's statistics, he gives the mortality after limb operations in the hospitals in London, Edinburgh, and Glasgow, and private rural practice. "The total number of cases representing each class is 2089. Of these patients in hospitals 855 died after operation, or 1 in every 2·4, or 41 in every 100. Of the 2089 country patients, only 226 died, or 1 in every 9·2, or 10·8 in every 100." He goes on to say, that "This immense contrast between the results of limb operations in hospital practice, and in private country practice, may perhaps be more clearly seen if the results be stated as follows :—

Out of 2089 amputations in hospital practice 825 died.

Out of 2089 amputations in country practice 226 died.

Giving a surplus to hospital practice of 629 deaths.

On following out his statistics a little further we find that the difference is still more marked in the minor operations, than in the major. Out of the numbers mentioned there were 377 amputations of the forearm in the country, of which 2 died. Among the hospital amputations 244 were amputations of the forearm; of these 40 died. The contrast may be stated thus :—

Out of 377 forearm amputations in country practice 1 in 188 died.

Out of 244 forearm amputations in hospital practice 1 in 6 died.

In other words, amputation of the forearm, an operation not very severe in itself, seldom or never producing any great shock, and seldom also performed for any injury or disease that has already markedly reduced the constitutional powers, is, so far as these data go, thirty times as fatal in large and metropolitan hospitals as it is in private country practice. Mr. Coote, as I before observed, after yielding the point as regards metropolitan hospitals generally, fell back on the statistics of his own, (St. Bartholomew's,) and here I will quote Sir J. Simpson's 3rd totals. The number of patients who died after limb amputations in St. Bartholomew's hospital from 1863 to 1868 was 81, out of 214 operated on. But, according to the statistics of rural practice, out of 214 operated on, only 23 died," so that according to the same ratio, if the 2098 patients had been operated on in St. Bartholomew's hospital, 795 lives would have been lost, instead of 227, shewing a surplus of 567 deaths.

Mr. Holmes published in the Medical Times the result of the first 149 amputations from the amputating book in his own, (St. George's) hospital, of these 41 proved fatal. The causes of death are entered by him in percentages. The following table shews the differences between these 41 cases, and the causes of death after amputation in a metropolitan hospital, and 173 cases with the causes of death in private country practices. They form Sir J. Simpson's table No. 9.

“ Percentages of different causes of death after amputation.

	In 41 Cases in St. George's Hospital.	In 173 Cases in Country practice.
Shock - - - - -	5 per cent.	36.4 per cent.
Pyæmia - - - - -	58.5 „	4.6 „
Exhaustion without hemorrhage - -	17 „	16.2 „
Exhaustion with secondary hemorrhage	9.7 „	5.2 „
Visceral diseases - - - - -	9.7 „	12.7 „
Diffuse Inflammation and Gangrene -	2.4 „	10.4 „
Tetanus - - - - -		6.3 „
Other injuries - - - - -	2.4 „	7.5 „

In this table there are two very striking points ; 1st, the percentage of deaths from shock, 5 per cent. in hospital, 36.4 in country practice. The inference we may fairly draw from this is—that the cases requiring operation in the country were of a more grave character than those in hospitals. Now the assertion that the worst cases were taken to the hospitals has been used as a reason to account for their great mortality ; but according to this table, and also to my own frequent observation many cases are operated on in the country, (especially the black country,) under great disadvantages, because their injuries are of so serious a nature as to render removal to any hospital most perilous.

The second point of note, and this is most important, is the preponderance of deaths from pyæmia in hospital over country practice—58.5 to 4.6 per cent. This speaks for itself : I need make no comment.

Sir J. Simpson says : “The hospital surgeon loses 48 per cent. after amputation—the country surgeon only 11 per cent. on the whole, or four times less, although under less favourable circumstances, and in more formidable cases.” This average of deaths from pyæmia has been confirmed by reports of other hospitals, and is exceeded in the Parisian Hospitals.” I will give one more quotation on this subject. It is from the *Lancet* of January 1st, of this year, describing the condition of some of the wards of the Glasgow Infirmary, “Mr. Lister, Professor of Clinical Surgery in the University of Glasgow, gives a sad description of some of the wards in this Institution, and this too in what is called the “New Surgical Hospital.” After describing the wards as being spacious and lofty, with modern appliances for ventilation, he says : “But to the great disappointment of all concerned this noble structure proved extremely unhealthy—pyæmia, erysipelas, and hospital gangrene soon shewed themselves, affecting on the average most severely those parts of the building nearest the ground, including my male accident ward, which was on the ground floor ; while my female ward was on the floor immediately above. For several years I had the opportunity of making an observation of considerable though melancholy interest, namely, that in my accident ward, where all or nearly all the beds contained patients with open sores, the diseases which result from hospital atmosphere

were seen to be present in an aggravated form. Hence I came to regard simple fractures though almost destitute of professional interest to myself and of little value for clinical instruction, as the greatest blessing." And further on, he says: "Though my patients suffered from the evil alluded to in a way that was sickening, and often heart-rending, so as to make me sometimes feel it a questionable privilege to be connected with the institution, yet none of my wards ever assumed the frightful condition which sometimes shewed itself in other parts of the building, making it necessary to shut them up for a time."

As regards the relative mortality of country and metropolitan hospitals, the difference is not so great as many would be led to expect. Dr. Bristowe and Mr. Holmes have tabulated the amputations of the limbs, from twelve metropolitan and forty-three rural hospitals respectively, with the following results—death rate in the metropolitan hospitals one in three cases—provincial, one in four: in rural hospitals one in five and a half cases. Of the mortality in cottage hospitals, I am unable to give any statistics, as the reports already published are not sufficient to enable us to form any reliable data.

In the discussion on Capt. Galton's paper some very interesting and instructive points were brought out. Dr. E. Kennedy remarked "There were principles in connection with hospitals, which were only now developing themselves. The first was the habitat of disease in particular hospitals. They could not always ascribe that to defective ventilation. He had been connected with a hospital in which the habitat of disease had gone on for one hundred and eleven years. The habitat continued to accumulate, and the accumulation went on until it terminated in saturation: and disease, which began from an individual case, spreads until it eventually becomes epidemic. The Jews were aware of this. They would find that in dealing with lepers, one of the principles upon which the Jews insisted, was the scraping of the walls of hospitals with the greatest care, lest any miasm should attach itself to the walls. He wished to call attention to the fact, that there was a peculiar poison in connection with hospital walls, which ventilation would not remove, and which they had not reached, whatever it might be!—

Mr. Hutchinson had been connected with four hospitals and taken the greatest interest in the question. "He felt that the notion was wrong that hospital efficiency was increased by increasing ventilation: in his opinion, it was not the quantity of air, but the freedom from the germs of organic disease which should be the chief desideratum: just as the physician dealt with the germs of contagious diseases, so the surgeon should be prepared to deal with septicæmia, erysipelas, and hospital gangrene. Fresh air only diluted the germ, it did not get rid of it. If in hospitals there were one ward which had no communication with the others, there would be no case of hospital gangrene." In confirmation of this observation, Sir. J. Simpson said "Dr. Brown-Séquard had told him that when the Necker Hospital in Paris was first instituted and filled with patients, the death rate in the Paris Hospitals was frightful, being one, in one and a half, against one, in two and a



half, in the London hospitals. The exception in the case of the Necker Hospital was however so striking that the late Professor Trousseau, who was much interested in these statistical enquiries, published a letter in one of the French Papers, shewing how infinitely superior the Necker Hospital was to many other hospitals in Paris, and suggesting whether it was not owing to the fact, that instead of having wards consisting of ten, twenty or thirty beds, it being an old monastic institution, the rooms never held more than one bed, or sometimes two. Shortly afterwards all these rooms were laid into one Ward, and in a year the Necker Hospital was as deadly as any other hospital in Paris." He further said that "according to statements made, London was the most healthy city in the kingdom to live in; and yet it was the most unhealthy in which to have an amputation performed; and he held that country patients should be kept in the country, and that country surgeons should operate on them, if they could do so." This last observation meets with my most cordial approbation. Is it fair to the large majority of surgeons, not connected with public institutions, (putting the selfish view first), that their patients, in whom they have the greatest interest, should be drafted into the large hospitals, thus depriving their own surgeon who should have a vested right in their cases, from increasing that experience which is a desideratum to every honest follower of his calling. Again let me ask, is it fair to the unfortunate sufferer to subject him to the increased risk of a fatal result? If the facts stated be true, and no one yet has been able to disprove them, the subject is one of the most vital importance, not only to our profession, but to the *public generally*, nay more, it is one of *national* interest.

Exception may be taken to the foregoing statistics, that they only shew the result of one variety of operation—amputations. True, but this is merely as a matter of convenience, as we must admit that the results would be the same, were the test applied to any other operations requiring extensive breach of surface, or to any cases of open wounds wherever situated.

It being universally granted that when open wounds are congregated together in any building, if one of these wounds, whether produced by accident, or the knife of the surgeon, assume a certain condition, all or most of the rest will become infected in the same manner, another question naturally follows—what effect will the same poison germ have upon the medical cases suffering from different disease when exposed to it?—Upon this point, our experience is not at present so definite. The effects are not so plainly evident, but we know that in many affections of the respiratory organs, the tissues are more or less denuded of their protecting membrane, and in much the same condition as an open sore. But whether that be so or not, we have no more certain or rapid mode of getting the whole system under the effect of poison or medicine, than by mixing it with the air we breathe. What then is the natural influence to be drawn from this?

I have recently seen in a scientific journal ("Nature," Feb. 17th,)



amongst other quotations this: "The Lancet" in speaking of the arrangements of hospitals, instances as needing reform the system of grouping together indiscriminately in medical wards cases of various affections, in an atmosphere which may be destructive to some patients whilst it is suitable to others. Thus we may find lying side by side, a case of bronchitis and one of fever; a patient with phthisis, and another with gangrene of the lungs! next perhaps, one of rheumatic fever, adjacent to a paralytic with offensive bed sores." The selection of this paragraph for publication, indicates that this important subject has not escaped the notice of those outside the profession. Then if *reform be so much needed*, let it commence amongst ourselves. Our profession has ever been in the front ranks in any movement having for its object the benefit of our fellow creatures—may it continue so to be; and let us not wait to be urged on by the lash of public opinion.

Gentlemen, "out of the full heart the mouth speaketh." If I use too strong expressions, or speak too emphatically on this most important subject of hospitalism, it is because I feel the deepest interest in it, and those expressions are the dictates of common humanity. I would see our noble institutions perfect in every particular; but if the congregating together of large numbers in one building cannot be accomplished without its attendant evils, why do we still persist in adding bed to bed, ward to ward, and wing to wing, in what are so truly styled our palatial hospitals? And this too when we know that by so doing we *insure a sacrifice of life the most appalling*,—a source of grief and woe to the surviving relatives,—and, moreover, a loss to the community, for the sufferers, if the result of accident, are generally the bread-winners. This subject should not be allowed to drop. It is of too grave and serious a character. Let those on whom the responsibility rests beware!

In reply to these observations, it may very naturally be asked—Holding such views, would you do away with hospitals altogether? By no means. We cannot do without them. They are essential to the present condition of society, and are most beneficent institutions. That charity which has for its main object the administration of relief to our poorer brethren, when suffering from the many ills to which our flesh is heir, whether it be a devotion of valuable time and talents by those who are so endowed and have the opportunity, or whether it be in subscribing,—a more material element,—by those whom Providence has blest with the ability and inclination, such charity is the most sanctified of all charity. The great desideratum is: How to give the maximum of relief, with the minimum of risk. Many means have been proposed for the accomplishment of this purpose, but as yet the results have not been satisfactory. Some place much confidence in various disinfectants, especially the much vaunted carbolic acid. They have their value in some cases, but experience proves their inefficiency in others. It has been proposed to cover our hospital walls with glazed tiles, or bricks which would resist all absorption; but still there are left the interstices between such bricks or tiles and the ceiling and floors, which could not be made of the same material. Increased ventilation also has its advo-

cates; but this may be carried too far, and is frequently a source of much injury. In plain terms, it seems to me that no other conclusion can be arrived at than this—that in the present state of our knowledge, it is impossible to collect in one building a large number of patients suffering from sickness or injury—where there is any communication, either directly or indirectly, through the medium of attendants or apparatus—without incurring more or less risk. The question may be asked: Is there no remedy? The answer is in the affirmative. Our paternal Government—with due regard for the welfare of its subjects—enacts that when any dangerous manufacture is carried on, only a specified number of persons shall be employed, a certain quantity of the materials used, and that the building shall be so isolated as to reduce the risk as much as possible. Apply the same laws to our hospitals. To illustrate it in a more modified, and perhaps less obnoxious form. Our Christian forefathers built and endowed magnificent cathedrals—many of which still remain to us—substantial proofs of their piety and liberality; and long may they remain as ornaments, although their advantages to the community may not be very manifest. But as population increased and became aggregated together in different localities, the same feeling of piety and liberality did not demonstrate itself by adding to these edifices new aisles and gorgeous chapels, but expended itself in raising a church here, and another there, whenever the requirements of the population demanded it, and, moreover, endowed them, and appointed the proper officers for the due performance of the required duties.

Then why not adapt the same principle to our hospitals? Instead of building such enormous and costly structures, let the means at disposal be divided, and let us plant smaller ones, like the churches, wherever the population requires them. Let each have its separate staff of officers, but in every town of moderate size let them be under the control of one board of management. If, as in the case of our large metropolitan centres, that be not deemed advisable, a division into districts may be made, each having its separate board. In addition to this, I would develop to the fullest extent the present system of establishing convalescent institutions, on the healthiest sites, and most approved principles. This is of the greatest moment. Those connected with our hospitals will fully endorse this proposition. How many patients are there who, cured of disease, cannot recover strength, amid the surroundings of a hospital ward? Putting out of consideration the breathing of a more or less polluted atmosphere, and other physical conditions, the depressing effects on the mind of being associated with and witnessing the distress and suffering of others are not conducive to the restoration of health. I am aware that the plan proposed is not new. It has been often the subject of discussion, and some of the arguments on the other side are not without weight, one especially—the educational. But I fear trespassing too much on your time, and must pass on.

Intimately connected with and, in fact, dependent on the construction of hospitals, is their cost. The meeting of our association at Leeds last year gave me an opportunity of visiting the New Infirmary. Opinion

seemed almost unanimous in pronouncing it from its architectural beauty and the completeness of its arrangements to be as near perfection as possible. But at what an outlay! The building is adapted for 300 beds, and cost £135,000, or £450 a bed: a rental at ordinary interest approaching £25 a year. The cost of maintenance, which has not yet been accurately ascertained, will be at least £50 per annum, which, added to the interest on the outlay, gives £75 a year for each bed. On passing through the hall, with its beautiful marble columns, with foliated scrolls and capitals; the carpeted chapel, with its carved pulpit; and the wards hung with pictures as profusely as the walls of a wealthy citizen; the reflection would occur to me that the money may be better spent, and that much of the ornamentation was not only out of place, but positively injurious, as tending to interfere with the free circulation of air and harbouring dust.

The new St. Thomas's Hospital will be a still more extravagant example of costly structure. The estimated outlay is £600,000, or £1000 per bed. Now the annual cost of maintenance—judging from the statistics of the other London hospitals—will exceed £50 each bed. Add to this the interest on the outlay, and we have at least £100 per annum. Or, to put it in another form:—The average occupancy is about twelve patients each bed per annum, so that each case treated will cost upwards of £9.

The next question is—Could the money be better expended? According to my judgment it may be. I maintain that a large number of cases are admitted into hospitals, whose recovery would be more certain and speedy if treated at home; and that the money would be more profitably spent, and yield more benefit to the sufferers if, under proper organization, it were expended at their own homes in providing comfort and necessities for the sick—good nursing—and last but not least a fair remuneration for the medical attendant.

Another branch of hospital administration which, to speak within bounds, is not faultless, is the out-patient department. That this needs reform in more than one particular may be inferred from the fact, that a committee of enquiry, including some of the most eminent men of the profession, is now carrying on its investigations, and indeed is generally admitted. This outlet of charity is, like all others, liable to be imposed on by unworthy recipients. This feature I shall dismiss by simply stating my opinion that the evil is not so great as some imagine, and moreover that it is not the duty of a medical officer of any institution to investigate who are, and who are not, proper objects of charity. This duty ought to devolve upon an officer specially appointed for that purpose.

Is the administration of the out-patient department of some, perhaps I may say most, of our large institutions so arranged that those who present themselves as proper claimants derive those advantages to which they are fairly entitled? Gladly would I answer this in the affirmative, but my conviction points the other way. Let me give an imaginary case as an illustration. A man suffering from some pulmonary



complaint is under the care of his regular medical attendant, but does not progress to his satisfaction or that of his friends, and he is persuaded to have other advice. He procures an out-patient note, but perhaps it is a distance of some miles to the institution, and he has to wait some time after he arrives. Looking at his ticket, he expects to have the advantage of the opinion, after careful examination, of the eminent physician whose name is printed on his ticket—vain hope! The picture would be frequently more true to life if thus represented. After his journey and delay, he is ushered with others into a room, asked a few questions rapidly, and is presented with a prescription, not by the physician whose opinion he was so anxious to have, but either by a student or a young physician who, although he may have distinguished himself as a student, has yet to gain, and has taken the appointment which he holds for the purpose of obtaining that experience which the patient who sought advice expected to profit by.

It is perhaps scarcely fair to select one institution to exemplify this condition, but where statistics are published on good authority and allowed to pass without substantial refutation, we have no right to doubt their authenticity. I may therefore be permitted to quote the report of the *Lancet* inspector on the manner in which this department is conducted at St. Bartholomew's hospital.

The *Lancet* inspector after describing the different classes of patients as "Casualty" and "Out-patient proper," goes on to say of the "casualty patients," that "it is estimated that not less than 1,000 patients frequently attend on a Monday, or Tuesday morning, of whom at least two-thirds are medical. Two of the house physicians attend—one to the males—the other to the females and children. On October 12th, 1869, which was an average day, one physician had to prescribe for 125 males, and the other for 164 women and 61 children. 120 patients were seen, and dismissed in an hour and ten minutes, or at the rate of thirty-five seconds each. Who shall say what mistakes were made? None can tell. The patients are entitled at least to decent examination and reasonable care. But they are dismissed with a doubtful dose of physic, ordered almost at random, and poured out of a large brown jug, as if the main object were to get rid of a set of troublesome customers, rather than to cure their ailments." Passing on to the out-patient department properly so called, we find that: "These patients are admitted by a special letter obtained either from the governor, the secretary, or the supervising officer—80 are given out daily—40 surgical, and 40 medical. Taking the average attendance, the physician sees and prescribes for 35 cases per hour for 5 hours."

In a leading article in the *Journal* for September 19th, 1869, on the dispute between Dr. Mayo and the Governors of St. Bartholomew's Hospital, it is stated that: "Dr. Mayo, in undertaking the office of house physician, finds that in addition to his ward duties, he is required also to see casualty patients; to take indeed a third share of from 400 to 500 every morning, and to see them at the rate of 100 per hour. His work in this department must be done by one o'clock, for at that



time it is his duty to attend the physician of the day in his ward visit."

An old Bartholomew's student in a letter to the *Lancet*, after describing the slipshod manner in which the out-patient business was conducted, instances a case of syphilis, with primary sore, treated with Lignor Ammoniae Acetatis for three weeks, when, failing to improve, he appealed to one of the dressers. He also mentions an urgent case of pleurisy with effusion, sent up by a practitioner of good standing and an old pupil of the hospital, which was playfully treated with a little linctus.

I trust my St. Bartholomew friends will pardon me for having selected their "Alma Mater" as an exemplification of one of the weak points in connection with hospitals, but this noble institution occupies so prominent and public a position, that its arrangements are fair subjects of criticism. There are others not far behind in their celerity of dispatch. At the Royal Free Hospital the average time for out-patients—a great number of the surgical cases of which are venereal—is about forty-five seconds. From six to twelve are admitted at one time into the consulting room, allowing no privacy. This may be considered of no importance, as the class attending are not over nice; but it does tend to cause many to withhold a proper history of their cases, and to oppose the necessary examination.

That such a state of things should be allowed to continue is monstrous. I trust it is not general, and know that there are many exceptions; but at the same time my convictions are, that the whole system is imperfect and needs reform. To quote the words of a gentleman of large experience on the question: "I have always maintained that the indiscriminate administration of medical relief at the general hospitals, as now carried on, is a great abuse of the charities, and a delusion and snare to the public."

A Fellow of the Royal Society says: "I have long felt the grievous unreality of the out-patient system which in fact amounts to a mockery of both God and man."

It may be asked—granted that such an anomalous condition of the out-patient department of our large hospitals does exist, and that reform is needed—What course should be adopted? The response is manifest—apply the same remedy which common usage applies to other cases of over work—divide the labour. Let our hospitals be smaller and more numerous, with a proper staff of officers to each. Let the credit and advantage of holding hospital appointments be more generally diffused, and not confined to a favoured few who are compelled from the exigencies of existing conditions to delegate important duties to subordinates. If it be found impracticable in all cases to increase the number of institutions, at all events let us follow the example of our American brethren and increase the staff of officers when required, and not continue this close borough system which is far behind the requirements of the day.\*

\*The Bellvue Hospital, at New York, Medical staff consists of twelve resident, and six non-resident gentlemen—nine visiting physicians, and the same number of visiting surgeons.

Another charge which may be fairly laid against the present hospital system is—the mode of election of their officers. No course has at present so far recommended itself as to be universally adopted: some methods are disgraceful. I am happy to be able to state that the authorities in this important town, after due consideration, have adopted a plan which seems reasonable and fair. The former system was not only expensive but open to other formidable objections which I do not care to mention.

It is impossible to speak in too strong terms of condemnation of the custom which rules in Ireland for filling up such appointments; all or nearly all are sold to the highest bidder: merit and ability having no chance whatever, unless backed by the necessary amount. In proof of this, I will quote a portion of evidence given before a parliamentary committee as published in the *Lancet*, March 1869. “Our attention has been called to the evidence given by Dr. (now Sir Dominic) Corrigan in 1843, before the parliamentary committee for inquiring into medical charities; and we produce a portion of this evidence (the whole being too voluminous) in order to shew the extent to which the custom prevails. To question 2470, have you any objection to state the cause of your resigning your situation (as physician to the Jervis Street Hospital)? The witness replied, not the slightest! A consideration of money received from Dr. Neligan. To question 2471, is the practice of the person going out receiving money from the person coming in still continued in Jervis Street Hospital? The witness replied—yes, and in a great number of the hospitals; and I should observe, there is the same practice both in the hospitals of Dublin and in many of the public institutions connected with teaching. There is an hospital, for instance, Baggot Street Hospital—in which this is carried much further; for not only are the places bought and sold, but the property of the hospital is vested in the medical officers. There is an hospital connected with the College of Surgeons and to which Dr. Harrison has been a surgeon. In that hospital the places are regularly bought and sold; for instance—Dr. Harrison bought his place in it—gave a sum of money for it; and when quitting it having sunk a sum of money in it, he got a sum of money for his resignation. My predecessor Dr. Crampton (I had not this from himself, but from pretty good authority) bought his place in another institution in Dublin on a resignation. In the Meath Hospital the same thing has been practised. I have it from Dr. Graves that he bought the resignation of Dr. Harkan. Mr. Wilmot, the present professor of surgery at the College of Surgeons and Surgeon to Stevens’ Hospital, sold his place to Mr. Ellis. Dr. O. Beirne, who is President of the College of Surgeons and Vice-president of the Medical Association of Ireland, sold his place to Dr. Lynch in Jervis Street Hospital. Now those are instances perhaps enough; but I could go on with others”.

In the report of the Poor Law Commissioners to Parliament on the Medical Charities of Ireland instances are mentioned of the most flagrant and wholesale bribery systematically carried on for the purpose of securing such appointments.

We have only to change the names and characters and we have a representation of a recent transaction. Since the commencement of the present year we have seen this announcement: "The vacancy in the City of Dublin Hospital, caused by the death of Dr. Geoghegan, has at length been filled up by the appointment of a Mr. Purser, a nephew we believe of the late Dr. Geoghegan. The money paid by the successful candidate will we understand go to the family of the deceased gentleman".

Such a practice should be denounced on every opportunity as a relic of a barbarous age. The system adopted in some of our Metropolitan hospitals is far from satisfactory, and is not unfrequently open to the charge of nepotism. Such appointments ought to be the rewards of merit, and should be fairly and honestly thrown open to the profession—no canvassing on any account being allowed.

The next subject of interest to which I shall make a mere passing allusion, for neither time nor inclination will allow me to deal with it in detail, is that "*questio vexata*", the Club question. Credit to whom credit is due, and we all know with what disinterested zeal some distinguished members of this branch agitated and promoted this question being one among many proofs that our branch keeps well in advance in originating and supporting any movement, which has for its object the welfare of our profession. We must admit that the present position of this question is not so satisfactory as could be desired, and that it has not met with the amount of support which the well directed efforts of its promoters so justly deserve: nay, some go so far as to say that it would have been better left alone. Let me ask, in reply to such, what great movement has ever been attended with *immediate* success? If any has appeared so, is it not a matter of common observation that some retrogression has soon followed? They only are disappointed who expected to carry their point by a "*coup de main*"; which is opposed to all experience in such movements; depend upon it, success is more certain for being slow. The leaven is now fermenting. The seed has been sown broad-cast, and through the breadth of the land. There may be individual hardships—such have occurred—but let those who suffer have this consoling reflection, that they are suffering in a good cause, and that what is lost in emolument is gained in honour. The two principal causes of temporary failure seem to be—want of unanimity amongst ourselves—and the presence of black sheep in our fold. The former condition will still continue to some extent until the anticipated millenium; but we should all use our utmost efforts individually and collectively to reduce it to a minimum. As to the latter, we grieve to have to admit that there are men amongst us so degraded, without a shadow of an honourable idea, who for their own paltry selfish aggrandizement rob their brethren, and try their utmost to drag an honourable profession through the dirt, and deprive it of the semblance of an honest calling. I will say no more on the subject, for language fails to express sufficient disgust for such conduct.



Let us trust that the standard of general education required before passing the portals of our profession will be raised to such a height as for the future to exclude men of such low grade of morality. Experience convinces me that cheap doctoring is a mistake, and that the public are apt to appraise our services at the value we put upon them ourselves.

Another subject which has held rather a conspicuous place before the profession and the public during the past year, is the introduction of the other sex into our ranks. There has been much discussion on the subject, and we regret to add that some distinguished names are to be found in the list of advocates. It is from no feeling of jealousy, or fear of rivalry, that we denounce it, but, on the contrary, because we believe that the attempt will be abortive, and that should it shew some signs of temporary success, this will be more than counter-balanced by the degradation from that exalted position which this country and the right feeling of our profession have ever with one accord yielded to the fairer and weaker sex. It has not the charm of novelty, but is a mere repetition of an old attempt. An ancient English poet thus immortalizes one of his time—

\*“So prospered the sweet lass, her strength alone,  
Thrust deftly back the dislocated bone;  
Then culling various herbs of virtue tried,  
With her white smock, the needful bands supplied,  
With many a coil the limb she swathed around,

And nature's strength returned, nor marked the former wound.”

There were Amazons in the days of old, and I believe that there are at the present day in one, if not more, semi-barbarous nations, regiments of women, who have so far unsexed themselves as to assume characters which should not belong to them. Nature is full of anomalies, and I cannot but look upon this desire of a few of the other sex, to undertake duties for which they are not by nature fitted, as one of those anomalies. Their preparation for the practice of our profession is an outrage on all decency and delicacy, and to speak without any sentimentality (which I am too matter of fact to indulge in) the very contemplation seems to remove the halo from our ideal of the sex, dispels its charm, and deprives us of much of the poetry of life.<sup>1</sup> I cannot better describe my own views on the subject of this education, than in the words of a writer in our most pungent periodical:—“Were these mixed classes permitted, no honourable and highminded teacher could—we do not say that there might not be teachers here and there who would try it—lecture openly, and conscientiously, before a male class, dotted with half-a-dozen girls of the usual age of medical students. The consequences would be obvious; his teaching would be either confessedly mutilated and carefully reticent, or he would be simply disgusting. In either case, he would act most unjustly, and cruelly to the male students. That is to say, all medical teaching would suffer; and the whole body of the people would have to pay in health and comfort for the strong minded aspirations of a small number of ignorant pert girls.” The writer says further on in the

\* Spenser's “Fairie Queene.”



same article: "But while sex exists, and sex is an inconvenience which will not be suppressed or modified because there may be half-a-hundred or five hundred foolish girls who think or are persuaded that they are possibly Watsons, or Brodies—while sex, we say, exists, mixed classes must remain an outrage to decency and common sense."

If they are to be admitted into our classes, their antecedents and moral characters should be strictly investigated and, as they have thrown down the gauntlet, there should be fair fight and no favour.

But there is another aspect which will have perhaps more influence than any other in connection with this subject, and that is a very practical one—will it pay? The supply is now quite equal to the demand, and any large influx would be prejudicial. One of their sex says that what practice they had would be on the opposite sex, for women always hated each other too much to employ them, and therefore they would not get the sympathy and kindness which is so essential to success. An article in our journal puts the paying view of the question very practically. "The town of Braywood in Barsetshire has a population of about 3,000 and a good country district around. In one way or other it pays yearly for medical advice near upon £2,000, and could not afford to pay more. At any rate, in the present state of medical science more could not be obtained: for although most of its poorer classes are still firm believers in the value of medicine, there is a wide spread feeling of scepticism amongst those well able to pay for advice, and they seek it only when under real alarm; whilst for all *minor matters* they are content with home treatment. Now until within the last six-years and a half three surgeons, all of the male sex, and all married and with families, divided the £2,000 amongst them and were fairly contented. At the date mentioned one of the three died, and his representatives sold the good-will lease of the house to Miss. B. who, armed with the diploma of the Apothecaries Company, commenced practice. She did not obtain all by any means of that connection she had purchased, but being of agreeable manners and possessed of much intelligence she has succeeded in making some inroads on her two competitors; and this makes up or nearly so for the part of her bargain she failed to secure. She enjoys in fact a fair amount of confidence amongst a certain well-to-do and rather crotchety class, whilst she has escaped and avoided the more laborious and less lucrative department of general practice! her rivals naturally feel a little sore at the fact that she gets an unfair share of the cream, but they are consoled to some extent by finding that after all the public seems to give them its real confidence, and to prefer their advice when real danger occurs. Miss B. keeps a comfortable establishment, and drives a brougham, and may be congratulated on having on the whole obtained a success. If, however, we ask what Miss B. has effected for the good of her sex, we are forced to reply that she has simply forestalled the wife of a surgeon, who would, had she not intruded, have taken the vacancy. A celibate lady has secured to herself the competence which would otherwise have fallen to the lot of a mar-

ried one, and to the sex, as a whole, there is no profit at all. It is true she has obtained "independence", whatever that may be worth, when it is secured at the cost of daily toil in a laborious pursuit. It is time that she may eventually be able to support a husband ; but as it will be difficult to allot him any appropriate domestic arrangements, it is manifest the arrangement will be attended by economic disadvantages."

Looking at this proposition, therefore, in whatever light we will, whether as to its bearing on the profession generally, on ourselves as members of that profession, or on society at large, or whether as affecting that sex in which we all feel so lively and abiding an interest, we should not give this movement our support, but take every available opportunity of discountenancing it. To quote the words of a well known Authoress : "Educate us well, and so completely, that we are fit to be companions, confidants, and advisers to men ; but defend us from being fellow-students, rivals in examinations and compeers in professions. From that very day when woman's (so called) rights are established, her influence will decline".

If time had permitted there are other subjects which I had intended to have brought under your notice—some of the deeply interesting researches of Liebreich, Brown-Séquard, and Richardson—the recent valuable additions to our therapeutics—more especially the chloral hydrate—the different phases, and present aspect of our great reform movement, not forgetting its talented and zealous originators. Medical ethics was also another subject which occurred to me, not with the view of laying down any code of arbitrary laws, in which I have little faith, but rather of promoting the cultivation of that courtesy between professional brethren which rules the conduct of one gentleman towards another, and which knows no laws but those of good breeding and honour. To have criticised also the conduct of medical witnesses in giving evidence in our law courts and the tendency of some to appear as advocates and speak as they are paid, may not have been unprofitable.

I also intended to have paid a tribute of respect to the memory of those who during the year have passed from amongst us—more especially that talented surgeon, warm-hearted citizen, and zealous poor law reformer, Richard Griffin of Weymouth. Then the great and good Sir James Simpson who lived not for himself nor for a nation, but for the wide world ; and who, though the material elements of his nature may be dissolved, still lives to fame. The brightness of his genius cannot die—it is immortal. Our branch has also suffered. We have lost some good men and true—Dr. Jeafferson of Leamington, a name familiar to us, and bearing with it the respect and esteem of all, and who occupied a high, and honourable position, as a just reward for intrinsic merit. Another name must not be forgotten, one of our neighbours and friends—the very soul of professional honour, respected and beloved by all who knew him—I mean John Badley of Dudley. The tomb has scarcely yet closed over the remains of another illust-

rious surgeon and eminent member of the association, Mr. Nunneley of Leeds. The loss of such men is deeply to be deplored, but they will ever hold a place in our memories as pattern representatives of those high qualities which exalt the profession and adorn the gentleman.

In conclusion, let me thank you, gentlemen, for the patience with which you have listened to my somewhat rambling observations. Reflecting on the past year, we are satisfied that it has been one of progress, and although we cannot boast like M. Lesscops of attracting together crowned heads from various nations to witness the triumphs of our skill, yet our profession is surely and steadily gaining ground. Its importance to the national welfare is becoming daily more fully recognised by the governing powers of this and other countries, whilst at the same time it also maintains a gratifying position in the affections and sympathies of the public; and we can with confidence anticipate a glorious future.

Sir W. Temple says: "The profession of the human healer is naturally a sacred one, and connected with the highest priesthoods, or rather is in itself the outcome and acme of all priesthoods and divinest conquests here below". Let us then endeavour to prove ourselves worthy of that honourable position. We cannot raise our standard too high—we cannot exalt our profession beyond its due—we cannot love it too dearly. We should ever bear in mind that we are something more than members of a great community, that we belong to a sacred brotherhood, and in our dealings with each other, we should cultivate a true masonic feeling to help, and not to injure; not forgetting the one grand maxim—never to exalt ourselves at the expense of others. And if ever in doubt as to our conduct, either to our brethren or others with whom we may be brought into contact, we should appeal within for guidance to that instructed sentiment which, call it conscience or by whatever name you will, is so beautifully described by the poet.

"Below the surface stream, shallow, and light,  
Of what we *say* we feel—below the stream  
As light, of what we *think* we feel—there flows  
With noiseless current, strong, obscure, and deep,  
The central stream of what *we feel indeed*."

Controlling our prejudices, abnegating self, we may safely obey its dictates; for be it remembered, it is no mean brute instinct or phantasy of the imagination, but is one great manifestation of that soul within us which derives its inspirations, not from what is base and low in our nature, but from a higher and holier source.



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